

SECTION 1: BILLING INFORMATION			
1. Business Name		2. Federal Tax ID/Soc. Sec. #	
3. Street Address Line 1			
4. Street Address Line 2			
5. City	6. State	7. Zip	8. First Steps Contract Administrator: Name: Email:
9. Telephone	10. Fax	11. Billing Contact Person (If Different from Administrator): Name: Email:	
12. Tax Status: (Circle One): A. Individual    B. Sole Proprietorship    C. Partnership    D. Estate/Trust E. Corporation    F. Public Service Corporation (PSC)    G. Government/Non-Profit			13. District(s) Served:

Please indicate any additional sources you currently have to provide services to KEIS eligible children. NOTE: This information will not be used in any way to deny payment of KEIS eligible services. This information is simply to provide KEIS with an understanding of how much funding is adequate to meet the early intervention needs of children in Kentucky.

### SECTION 3: SERVICE PROVIDER(S) AND DISCIPLINE(S)

[illegible]

# FIRST STEPS CBIS PROVIDER ENROLLMENT FORM

PROVIDER ID #: \_\_\_\_\_

**FS OFFICE USE  
ONLY**

[illegible]